

Pouring Permit Application



City of Dunwoody
41 Perimeter Center East
Dunwoody, GA 30346
Phone: (678) 382-6700
Fax: (770) 396-4705

The City of Dunwoody has established the following application to allow for the lawful pouring of alcohol in accordance with the City of Dunwoody's Alcohol Beverages, Chapter 4 as it pertains to Pouring Permits.

A Pouring Permit is required for any employee holding a managerial position and any employees of an off premises alcohol beverage caterer who engage in the handling, selling or serving of alcohol beverages. This excludes employees whose duties are limited solely to those of busboys, cooks, and dishwashers.

In order to sell, offer for sale, or otherwise dispense any alcohol beverages within the City, the establishment must first obtain a license from the City of Dunwoody. For questions regarding an Alcohol Beverage License, please contact the Finance and Administration Department at 678-382-6700. No licensee shall employ any person required to have a Pouring Permit until such person has obtained such permit.

Pouring Permits are issued to individual applicants. Only one pouring permit per individual will be issued for employment at any and all establishments within the City. The permit will be valid for a period of one (1) year and shall be renewed on or before its expiration. Individuals applying for the permit shall make themselves available for photographing, fingerprinting, and such other investigation as may be required by the police department.

As part of the application process, the Chief of Police or his designee shall have a complete and extensive search made to determine if there is a police record of such person. If there is a record of conduct prohibited by City of Dunwoody's Alcohol Beverages, Chapter 4 or evidence that the person's employment would adversely affect the public health, safety, or welfare, issuance of a permit shall be denied.

A new search may be conducted on any person issued an employee Pouring Permit if the Chief of Police receives information which warrants such a new search. If the new search reveals evidence that warrants revocation of the card, the card may be revoked following notice and a hearing.

The fee for a Pouring Permit shall be set by Resolution of the City Council and shall remain in effect until modified or amended by subsequent Resolution adopted by the City Council.

Please submit the following Pouring Permit Application and required supplemental materials (detailed in the following checklist) to the Finance and Administration Department, located at 41 Perimeter Center East, Suite 250, Dunwoody, GA 30346. If you have questions, please do not hesitate to contact the Finance and Administration Department at (678) 382-6700.

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Application Requirements:

- ☐ Applicant Information
- ☐ Contact Information
- ☐ Employment Information
- ☐ Arrest and Conviction Information
- ☐ Signed & Notarized Affidavit from Applicant
- ☐ Signed Authorization for Criminal Background Check
- ☐ Fingerprinting by the City of Dunwoody Police Department (See Consent form for hours)
- ☐ Photographing by the City of Dunwoody Police Department (See Consent form for hours)

Application Required Attachments:

- ☐ Copy of Current Drivers License
- ☐ Copy of Social Security Card

The following items may be required, if applicable:

- ☐ Arrest and Conviction Information, including:
 - date(s) of conviction or arrest
 - charge(s)
 - location(s)
 - dates served in jail
 - dates served on probation or parole

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Applicant Information	NAME Last:		NAME First:		NAME Middle:	
	Aliases / Stage Names:			Social Security Number: - -		
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Height:		Weight:	
	Race:		Hair Color:		Eye Color:	
	Date of Birth: / /		BIRTHPLACE City:		BIRTHPLACE State:	
Contact Information	Driver's License Number:			State Issued:		
	Home Phone:			Cell Phone:		
	Street Address:					
	City:		State:		Zip:	
	Please list any additional legal addresses for the past 5 years:					
	1)					
	2)					
	3)					
References	Emergency Contact:			Phone:		
	Please Provide 2 Personal References (not relatives, former employers, fellow employees, or school teachers) who are responsible reputable adults, business or professional men or women, who have known you well for at least 5 years.					
	Name		Address		Contact Information(Phone/Email)	
Employment Information	Business of Employment:					
	Job Title:			Supervisor:		
	Street Address:					
	Phone:			Length of Employment:		
Arrest and Conviction Information	Have you been arrested and/or convicted for a misdemeanor within the past five (5) years? (yes / no)					
	<i>If yes, please attach a list including date(s) of arrest, charge(s), location(s), dates served in jail, and dates served on probation or parole. Please note that any applicant with misdemeanor drug charges within the past five years will be denied.</i>					
	Have you been arrested and/or convicted for a felony within the past five (5) years? (yes / no)					
	<i>Please note that any applicant with felony convictions or open charges within the past five years will be denied.</i>					
Have you been convicted, pled guilty or entered a plea of nolo contendere to any federal, state, or local law for any felony within the past five (5) years? (yes / no)						
<i>Please note that any applicant that has been convicted, pled guilty or entered a plea of nolo contendere to any federal, state, or local law for any felony within the past five years will be denied.</i>						

Have you been arrested and/or convicted for moral turpitude within the past ten (10) years? (yes / no)

Please note that any applicant with moral turpitude convictions within the past ten years will be denied.

Have you pled guilty or entered a plea of nolo contendere to any crime involving moral turpitude, illegal gambling, illegal possession or sale of controlled substances, or the illegal sale or possession of alcohol, including the sale or transfer of alcoholic beverages to minors in a related crime within the past five (5) years? (yes / no)

Please note that any applicant that has pled guilty or entered a plea of nolo contendere to any crime as described in the preceding paragraph within the past five years will be denied.

Are you on active probation, parole, or sex offender registry? (yes / no)

Please note that any applicant that is on active probation, parole, or on a sex offender registry will be denied.

**Pouring
Permit Applicant's
Affidavit and
Signature**



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Applicant: _____

Job Title: _____

I hereby agree that as a condition to the issuance of a Pouring Permit, the Applicant shall indemnify and hold the City harmless from claims, demand or cause of action which may arise from activities associated with the permit.

I hereby solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made by me to the foregoing questions in this application for a Pouring Permit, are true, and no false or fraudulent statement or answer is made herein to procure the granting of such permit.

I hereby state and understand that any conviction for violation of the provisions of the City of Dunwoody's Alcohol Beverages, Chapter 4 or the State of Georgia's Alcoholic Beverage Code, Title 3 of O.C.G.A. shall result in the automatic suspension of the Pouring Permit. Furthermore, the Chief of Police may revoke said Pouring Permit and demand its return if the Applicant adversely affects the public health, safety, or welfare.

I hereby understand that it shall be unlawful for an Applicant whose Pouring Permit has been revoked and upon whom demand for return of the card has been made to refuse to return the card or to alter, conceal, deface, or destroy the card.

Applicant's Signature: _____

Sworn and Attested before me on this _____ day of _____, 20_____.

Notary Signature:

Staff Use Only	
Permit #:	Permit Fees:
Approved/Denied By:	Expiration Date:
Approval Date:	Denied Date:

Background Check Consent



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*****PLEASE NOTE: Background Checks are only preformed between the hours of 9AM-11AM and 1PM-3PM on Tuesdays and Thursdays**

I authorize the **Dunwoody Police Department** to receive any criminal history record information pertaining to me, which may be in the files of any federal, state, and/or city criminal justice agency in Georgia.

PRINT FULL NAME _____

MAIDEN NAME/PREVIOUS NAME/ALIAS INFO _____

DATE _____

ARE YOU A U.S. CITIZEN? YES _____ NO _____

If no, you will need to have your Green Card available. Country of Birth _____

DATE OF BIRTH _____ RACE _____ SEX _____ SOCIAL SEC# _____

STREET ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

Business Name: _____

Business Address: _____

SIGNATURE OF APPLICANT _____

Employee Completing: _____ DATE COMPLETE _____

RECORD ATTACHED _____ NO RECORD _____